





MCHCP 2012 Open Enrollment Review



Agenda

- Contract Updates
- 2012 Plans
- Medical/Prescription Benefits Overview
- Optional Plans
 - TRICARE
 - Dental
 - Vision

- Employee Assistance Program
- Lifestyle Ladder
- Disease Management
- Tobacco-free Program
- Enrollment Information
- Who to Contact



Contract Updates

- Renewed Contracts
 - Medical
 - UMR
 - Coventry Health Care (Southwest and South central)
 - Dental Delta Dental
 - Vision VSP
- New Contracts
 - Pharmacy Benefit Manager
 - ESI
 - Employee Assistance Program
 - ComPsych



2012 Medical Plans

All Regions	Southwest/South Central
PPO 300 through UMR	PPO 300 through UMR and Coventry
PPO 600 through UMR	PPO 600 through UMR and Coventry
High Deductible Health Plan (HDHP) with health savings account (HSA) through UMR	High Deductible Health Plan (HDHP) with health savings account (HSA) through UMR

Network

- UMR
 - All regions: United Healthcare Choice Plus
 - Northeast region: First Health
- Coventry Health Care
- Benefit Enhancements
 - Bariatric Surgery
- ID Cards
 - Coventry New ID cards issued for all enrollees
 - UMR issued for new enrollees and PPO 300



Benefit Overview - PPO 300

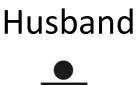
Benefit	Network	Non-network
Deductible Individual Family	\$ 300 \$ 600	\$ 600 \$1,200
Coinsurance	10%	30%
Out of Pocket Maximum Individual Family	\$1,200 \$2,400	\$1,200 \$4,800
Office visit Primary Care Physician Specialist Chiropractor	\$25 copayment \$40 copayment \$20 copayment	30% after non-network deductible
Preventive Services	100% coverage	30% after network deductible
Urgent Care Emergency Room	\$50 copayment \$200 copayment	\$50 copayment \$200 copayment

Copayments do not apply to deductible or out of pocket maximum



PPO 300 Benefits

\$600 In-Network Family Deductible Example:





No services incurred

Wife



Labs \$300

Child #1



Hospitalization - \$3,000 (\$300 deductible)

Child #2



Office visit -\$25 copayment

$$$0 + $300 + $300 + $0 = $600$$

Family Deductible is **met**Plan starts paying 90% for **all** 4 family members' claims for covered services



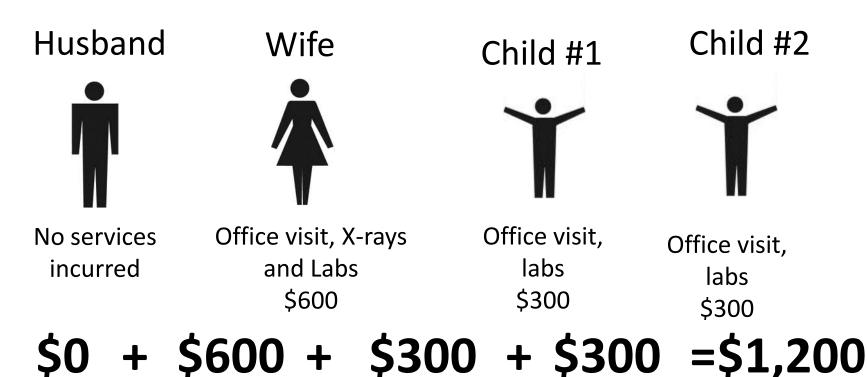
Benefit Overview - PPO 600

Benefit	Network	Non-network
Deductible Individual Family	\$ 600 \$1,200	\$1,200 \$2,400
Coinsurance	10%	30%
Out of Pocket Maximum Individual Family	\$1,500 \$3,000	\$3,000 \$6,000
Office visit (Primary care/specialist/chiropractor)	10% after deductible	30% after non-network deductible
Preventive Services	100% coverage	30% after network deductible
Urgent Care/Emergency Room	10% after deductible	10% after network deductible



PPO 600 Benefits

\$1,200 In-Network Family Deductible Example:



Family Deductible is **met**Plan starts paying 90% for **all** 4 family members' claims for covered services

Prescription Drug Plan - PPO 300 and 600

- Express Scripts, Inc. (ESI)
 - -800-797-5754
 - www.express-scripts.com
 - ID cards issued for new enrollees



Prescription Drug Plan - PPO 300 and 600

	Network	Non-network
Retail (up to 30 day supply)	Generic Formulary: \$8 Brand Formulary: \$35 Non-formulary: \$100	Generic Formulary: \$8 Brand Formulary: \$35 Non-formulary: \$100 (Pay full price and file claim. Reimbursed network discounted amount less applicable copayment)
Home Delivery (up to 90 day supply)	Generic Formulary: \$20 Brand Formulary: \$87.50 Non-formulary: \$250	Not applicable
Specialty Medications (30-day supply by home delivery)	Generic Formulary: \$8 Brand Formulary: \$35 Non-formulary: \$100	Not applicable

- -Copayments do not apply to the deductible or out-of-pocket maximums.
- -Appropriate copayments apply for non-formulary drugs that were grandfathered or approved for 2011.
- -If you purchase a brand name drug when there is an FDA-approved generic drug, you pay the generic copayment (\$8) plus the difference in the cost of the drugs.



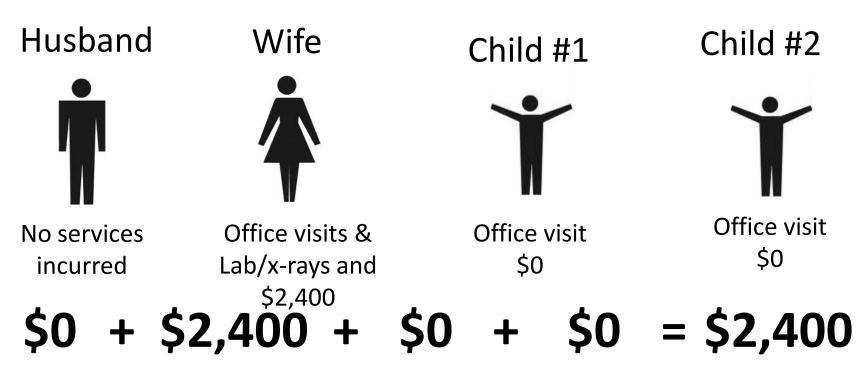
Benefit Overview – HDHP

Benefit	Network	Non-network
Deductible Individual Family	\$ 1,200 \$ 2,400	\$2,400 \$4,800
Coinsurance	20%	40%
Out of Pocket Maximum Individual Family	\$2,400 \$4,800	\$4,800 \$9,600
Office visit (Primary care/specialist/chiropractor)	20% after deductible	40% after non-network deductible
Preventive Services	100% coverage	40% after non-network deductible
Emergency Room/Urgent Care	20% after deductible	20% after network deductible
Prescription Drugs Generic Formulary Brand Formulary Non-formulary	20% after deductible 20% after deductible 30% after deductible	40% after non-network deductible 40% after non-network deductible 50% after non-network deductible



High Deductible Health Plan

\$2400 in-Network Family Deductible Example:



Family Deductible is **met**Plan starts paying 80% for **all** 4 family members' claims for covered services



Benefit Overview – HSA

- Only available with HDHP
- MCHCP annual contribution
 - Individual Coverage \$300
 - Subscriber and dependents \$600
- IRS annual limits including MCHCP contribution
 - Individual Coverage \$3,100
 - Subscriber and dependents \$6,250
 - Catch-up provision of \$1000/year for 55 or older
- Funds used for non-qualified medical expenses incur a 20% penalty and taxes



Family Medical Coverage

- Deductibles and Out-of-Pocket Maximums
 - One family deductible and out-of-pocket maximum for married MCHCP members
 - Must be enrolled in same plan with same carrier
 - MCHCP will coordinate with plan
 - When enrolling, each member must report to MCHCP that his/her spouse is eligible

M·C·H·C·P

Optional Plans - TRICARE Supplement

- Association & Society Insurance Corporation (ASI)
 - **-** 800-638-2610
 - www.asicorporation.com
- Available to employees who are enrolled in DEERS and :
 - Retired military
 - Spouses or former spouses of retired military
 - Spouses of active duty military younger than 65
 - Those enrolled in TRICARE Reserve Select
 - Spouse of a disabled veteran who has CHAMPVA

Optional Plans - TRICARE Supplement

- Intended to wrap around TRICARE benefits
 - Covers most out-of-pocket health expenses
- Members responsible for full cost of supplemental premium
 - Premium collected by MCHCP
 - Can be pre-taxed through cafeteria plan
- Must provide copy of TRICARE ID card when enrolling



Optional Plans - Dental

- Delta Dental of Missouri
 - **866-737-9802**
 - www.deltadentalmo.com/stateofmo
- Two networks
 - PPO
 - Premier
 - Smaller network of dentists
 - Greater network discounts
 - Less out-of-pocket expense for member
- No benefit changes
- ID card Issued to new enrollees



Optional Plans - Vision

- Vision Service Plan (VSP)
 - -800-877-7195
 - www.vsp.com
- No benefit changes
- No ID card issued



Employee Assistance Program

- ComPsych
 - -800-808-2261
- 100% confidential
- Available to all active state employees and members of their household, even if medical coverage is waived
- Up to six visits per year, per member of your household per problem



Employee Assistance Program

- Interactive Online Tools
 - Guidance Resources[®] Online
 - Articles, tutorials, videos and self-assessments
 - Ask the Expert
 - Personal responses to your questions
 - Attorney and financial planner searches
 - www.guidanceresources.com
 - Organization Web ID: MCHCP



Healthy Living Programs

- Lifestyle Ladder Program
 - Subscriber or Spouse \$15
 - Subscriber and Spouse \$30
- Tobacco-Free Program
 - Subscriber or Spouse \$25
 - Subscriber and Spouse \$50
- Disease Management Program



Lifestyle Ladder Program

- StayWell
 [®] Health Management
- Access through myMCHCP
- Complete Health Assessment (HA) Online
- Participate in programs to earn 100 points/period
 - Online
 - Phone
 - Mail
- Members and spouses tracked individually



Lifestyle Ladder Program

Category	Delivery Mode	Event Points	Max Points
Health Assessment	Online	100	100
Disease Management	Phone	50	200
Next Steps Coaching	Phone/Paper	100	100
Health Living Programs	Online	100	200
Health Action Campaigns	Online/Paper	100	200
Fitness Activity	Online/Paper	25	100
Health and Family Centers	Online/Paper	10	50
Preventive Health	Online/Paper	10	50

Call StayWell Health Management for any questions concerning your points or Point\$ Bank - 866-564-5235



Lifestyle Ladder Program

Point\$ Bank Deadlines		
Earn 100 points during this participation period:	To receive monthly wellness premium during this coverage period:	
October 1 – November 25, 2011	January 1 – March 31, 2012	
December 1, 2011 – February 25, 2012	April 1 – June 30, 2012	
March 1 – May 25, 2012	July 1 – September 30 , 2012	
June 1 – August 25, 2012	October 1 – December 31, 2012	
If you earn more than 100 points in a participation period, additional points will roll over to the next participation period.		



Disease Management Program

- Through UMR or Coventry Health Care
- Diseases managed:
 - Coronary Artery Disease (CAD)
 - Diabetes (includes children)
 - Asthma (includes children)
 - Depression
 - Congestive Heart Failure
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Hypertension (High Blood Pressure)



- Encourage healthy lives
- Earn healthy living incentive
- Who qualifies
 - Non-Medicare subscribers
 - Non-Medicare covered spouses



- By November 25
 - Complete Tobacco-Free Attestation
 - Stating tobacco-free
 - Receive tobacco-free incentive Jan. 1 Dec. 31, 2012
 - Complete Tobacco Cessation Program Attestation form AND enroll in MCHCP approved tobacco cessation program
 - Receive tobacco-free incentive Jan. 1 June 20, 2012
 - Complete Tobacco-Free Attestation stating tobaccofree 3 months prior to May 25
 - Continue to receive tobacco-free incentive
 July 1 Dec. 31, 2012

Approved Tobacco-Cessation Programs

- StayWell Tobacco NextSteps Phone Coaching through Lifestyle Ladder
 - **–** 866-564-5235
 - Added benefits:
 - Up to 100 points annually toward Lifestyle Ladder program
 - No cost nicotine replacement therapy such as gum, patches, or lozenges
- Missouri Tobacco Quitline Phone and Web-based coaching
 - 1-800-QUIT-NOW (800-784-8669)
- American Cancer Society Quit for Life Phone and Web-based coaching
 - 1-866-QUIT-4-LIFE (866-784-8454)



- Attestation form
 - myMCHCP
 - Fax/Mail paper form
- New Employees and/or spouses after May 25
 - Attest to being tobacco-free to qualify for incentive for the rest of the year
 - If not tobacco free, can participate in tobacco-cessation programs but will not receive until 2013
 - Lifestyle Ladder
 - EAP



Enrollment Information

- Summary of Benefits and Coverage
 - Information on MCHCP's medical and prescription drug plans
- Other Coverage Guide
 - Information on dental, vision, EAP, Lifestyle Ladder, disease management, privacy practices and appeals
- Premium Guide
 - Information concerning MCHCP medical, dental and vision premiums

Detailed benefit and eligibility information available at www.mchcp.org



Enrollment Information

Open Enrollment – October 1 – October 31

Extended Customer Service hours - 8 am - 5 pm

- Members can enroll, change or cancel medical, dental and/or vision
 - Proof of Eligibility for new dependents
 - Due Nov. 20, 2011
- Enroll
 - myMCHCP
 - Enroll/make changes to coverage by midnight October 31
 - Take Health Assessment
 - Complete Attestation Form
 - Fax OE Worksheet 866-346-8785 by midnight October 31
 - Mail OE Worksheet Postmarked by midnight October 31

Employees who do nothing during Open Enrollment will be placed in the PPO 600



Who to Contact

Insurance Company MCHCP UMR: 888-200-1167 Coventry Health Care: 800-450-3349 800-487-0771 FSI: 800-797-5754 www.mchcp.org Delta Dental: 866-737-9802 myMCHCP VSP: 800-877-7195 ComPsych: 800-808-2261 Review claims Eligibility/Enrollment Premiums Review deductible Change of address Review explanation of benefits Name change Locate a provider General benefit questions Order ID card

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